



MIAMI BEACH EMPLOYEES RETIREMENT PLAN:

I designate in the order named, if surviving, the following named person(s) as my beneficiary(ies) under the terms and provisions of Section 5.08 of Ordinance No. 1901 in effect at such time of my death.

Beneficiaries include:

1. your spouse, provided you have been married for a period greater than 12 months prior to your date of retirement;
2. your registered domestic partner, provided your domestic partner has been registered with the City of Miami Beach for a period greater than 12 months prior to your date of retirement;
3. your child or children under the age of 21;
4. your parents; or
5. your estate.

If necessary, use second sheet for additional beneficiaries. Unless otherwise noted, if more than one beneficiary is named, the proceeds will be distributed equally.

PRIMARY BENEFICIARY(IES)

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

CONTINGENT BENEFICIARY(IES) (The individual(s) entitled to receive the benefits of an employee if the primary beneficiary dies.)

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

Name: _____ Percentage _____

Address: _____

Social Security No: _____ Age (if minor) _____ Relationship _____

The right to change beneficiary (ies) without the consent of said beneficiary (ies) is reserved.

Employee Signature: _____ Date: _____

Employee Name (please print): _____ City ID #: _____

H.R. Receipt /Acknowledgement _____ Date: _____